January 6, 2011

County Clerk/Registrar of Voters (CC/ROV) Memorandum #11002

TO:

All County Clerks/Registrars of Voters

FROM:

Deirdre Avent Elections Analyst

RE:

Voter Registration: Postage Reimbursement and Replenishment

Claims (FY 2010/2011 - 2nd Qtr)

The attached "Voter Registration: Postage Reimbursement and Replenishment Claims" package includes guidelines, a quarterly postage claims deadline schedule, a postage reimbursement claim for mailings sent to voters, a postage replenishment claim for mailings received from voters through the business reply mail account, and a new monthly activity report, so that we may also track costs by month.

In order to timely process postage reimbursement and replenishment claims for voter registration activities performed during the 2nd quarter of fiscal year 2010/2011, please complete the enclosed quarterly postage reporting forms and return them to me by <u>February 7, 2011.</u>

The attached electronic fillable forms can be submitted for preliminary review by email or fax; however, we cannot process these postage claim forms until an original, with signature, is received by our office.

If you have any questions, please do not hesitate to contact me at (916) 657-2166.

Attachments

Voter Registration Postage Reimbursement and Replenishment Claims

Voter Registration Postage Reimbursement and Replenishment Claims Package includes the following:

- Voter Registration Postage Claim Guidelines
- Voter Registration Postage Reimbursement Claim Form
- Voter Registration Postage Replenishment Claim Form
- Voter Registration Postage Claim Monthly Activity Report

VOTER REGISTRATION POSTAGE CLAIM GUIDELINES

In order to timely process postage reimbursement and replenishment claims for postage costs related to voter registration activities for each quarter of a fiscal year, please complete the Voter Registration Postage Reimbursement Claim Form, Voter Registration Postage Replenishment Claim Form, and the Voter Registration Postage Claim - Monthly Activity Report and return to the Secretary of State by the quarter's claims deadline.

Postage Qu	Claims Deadline	
1 st Quarter	(July 1 – September 30)	November 8, 2010
2 nd Quarter	(October 1 – December 31)	February 7, 2011
3 rd Quarter	(January 1 – March 31)	May 2, 2011
	(April 1 – June 30)	August 1, 2011

Voter Registration Postage Reimbursement and Replenishment Claims

1. Reimbursement for Mailing Voter Registration Cards (VRCs)

The Secretary of State is required to reimburse county elections offices for postage paid on voter registration cards:

REIMBURSEMENT ALLOWANCE	ELECTIONS CODE SECTION		
Mailed to voters per their request	2164(a)(3)		
pursuant to § 2158(c)			
*Mailed per outreach activities	2164(a)(4)		
pursuant to § 2105			
Mailed to obtain information required	2164(a)(1)		
to complete a registration form			
pursuant to § 2153(c)			

The quantities and costs for postage paid for mailing voter registration cards under these code sections are to be itemized on the quarterly **Voter Registration Postage Reimbursement Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

^{*}Please provide information documenting how your reimbursement request is consistent with the activities outlined in your most recent voter outreach plan.

2. Reimbursement for Mailing Voter Notification Cards (VNCs)

The Secretary of State is required to reimburse county elections offices for postage paid on voter notification cards:

REIMBURSEMENT ALLOWANCE	ELECTIONS CODE SECTION
Mailed to new registrants pursuant to § 2153	2164(a)(1)
Mailed per USPS Address Correction pursuant to § 2153(c)	2164(a)(1)

The quantities and costs for postage paid for mailing voter notification cards under these code sections are to be itemized on the quarterly **Voter Registration Postage Reimbursement Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

3. Replenishment of Postage Account for Mailing Voter Registration Cards

The Secretary of State is required to replenish the local county business reply mail account for the return of county specific voter registration cards that are mailed to the county elections office.

REPLENISHMENT ALLOWANCE	ELECTIONS CODE SECTION		
Mailed by voter to county pursuant to	2164(a)(2)		
§ 2157(a)(8)			

The number of forms and the cost associated with the local county business reply mail account for the return of county specific voter registration cards to the county elections office should be itemized on the quarterly **Voter Registration Postage Replenishment Claim Form** and submitted to the Secretary of State by the claims deadline for that fiscal quarter.

Voter Registration Monthly Activity Report

The Secretary of State is compiling data on monthly postage claims within each quarter. The **Voter Registration Postage Claim – Monthly Activity Report** should be completed and submitted with each claim. The Monthly Activity Report Quarter Totals must balance with the totals itemized on the Postage Reimbursement Claim and the Postage Replenishment Claim forms.

Filing of Claims

The Voter Registration Postage Reimbursement and Replenishment Claims package can be submitted for preliminary review by email or fax; however, the claim forms cannot be processed without an original signature.

To submit the Voter Registration Postage Reimbursement and Replenishment Claims package by mail, or for preliminary review by fax or email, please use the following contact information:

ATTN: Deirdre Avent Secretary of State – Elections Division 1500 11th Street, 5th Floor Sacramento, CA 95814 (916) 657-2166

Fax: (916) 653-3214

Email: <u>Deirdre.Avent@sos.ca.gov</u>

SECOND QUARTER VOTER REGISTRATION POSTAGE REIMBURSEMENT CLAIM FORM

FISCAL YEAR			2 nd Quarter (O	ctober 1- Decen	nber 31)	
Elections Code section 2164 r Secretary of State to reimburse co costs for mailing voter registrati notification cards as reference	ounties postage on and voter ced below.		County: Prepared By: Telephone No.: Email:			
Not necessary to reimburse requesting reimbursement				en il county is no	Л	
VOTER REGISTRATION CARE	OS (VRCs)					
Mailed per Voters Request:	Quantity	(Postage Rate/ Actual Cost	TOTALS		
(EC § 2158(c))			\$	\$ Sub-Total		=
*Mailed per Outreach Activity: (EC § 2105)			\$ \$	\$ \$ Sub-Total	_ _ _ \$	
Mailed per Incomplete VRC: (EC § 2153)			\$		<u>* </u>	=
*Please provide supporting docu VOTER NOTIFICATION CARDS		cla	aim.		TOTAL 1:	<u>\$</u>
Mailed to New Registrants: (EC § 2153)		< <	\$ \$	\$ \$ Sub-Total	_ _ •	
USPS Address Correction: (EC § 2153(c))	x	< <	\$	\$ \$ Sub-Total	\$ TOTAL 2:	= = \$
				OTAL (1 & 2):	\$	*
I certify that this record is accura substantiate these figures. Pleas			_		is on file in n	ny office to
County Name			-	County Election	s Official	
Business Address				Date		
						(QTR. PR Rev. 09'09)

City, State, Zip Code

SECOND QUARTER VOTER REGISTRATION POSTAGE REPLENISHMENT CLAIM FORM

FISCAL YEAR	2 rd Quarter (October 1 – December 31)
Authority for replenishment of postal account funds for voter registration cards mailed by voter to county elections office: Election Code §§ 2157(a)(8), 2164(a)(2) BUSINESS REPLY MAIL (BRM) PERMIT # 85814	County: Prepared By: Telephone No: Email:
Not necessary to replenish account at this time requesting replenishment.)	e. (Complete and sign form even if county is not
Prior Quarterly Ending Balance	\$
Prior Deposits Received from Secretary of State	\$
	TOTAL \$
Number of Affidavits Received through BRMA	X
Postage Rate	
New Quarterly Balance in Account	\$
Please Replenish Account with a Check in the A	Amount of\$
	Please Make Check Payable to:
	Mailing Address:
The number of items reported above represents the account by this office.	actual number of affidavits received through the business reply mai
	reportedly charged to the account by your Postmaster. Please voice received by your office. I certify that this record is accurate to on file in my office to substantiate these figures.
	County Elections Official
	Date

(QTR. PR Revised 09/09)

SECOND QUARTER VOTER REGISTRATION POSTAGE CLAIM - MONTHLY ACTIVITY REPORT

FISCAL YEAR	2 nd Quarter (October 1 - December 31)		
	Country		
The Monthly Activity Report Quarter Totals must	County:		
balance with the totals itemized on the Postage Reimbursement Claim and the Postage	Prepared By:		
Replenishment Claim forms.	Telephone No:		
	Email:		

Form must be completed even if county is not requesting reimbursement or replenishment.

REIMBURSEMENT CLAIM

Voter Registration Activity	OCTOBER	NOVEMBER	DECEMBER	QUARTER TOTAL
Number Mailed Per Voter				
Request (EC § 2158 (c))				
*Number Mailed per Outreach				
Activity (EC § 2105)				
Number Mailed per				
Incomplete VRC (EC § 2153)				
Voter Notification Activity	OCTOBER	NOVEMBER	DECEMBER	QUARTER TOTAL
Number Mailed to New				
Registrants (EC §§ 2153 &				
2164(a)(1))				
Number of USPS Address				
Corrections (EC § 2153 (c))				

^{*}Please provide information documenting how your reimbursement request is consistent with the activities outlined in your most recent voter outreach plan.

REPLENISHMENT CLAIM

Voter Registration Activity	OCTOBER	NOVEMBER	DECEMBER	QUARTER TOTAL
Number of Affidavits				
Received through the				
Business Reply Mail Permit				
#85814 (EC §§ 2157(a)(8) &				
2164(a)(2))				

Please make sure the number of items reported matches the numbers reported on the reimbursement and/or replenishment claims for the quarter.